PART B - FEE(S) TRANSMITTAL Complete and send this form, together with appricable fee(s), to: Mail **Mail Stop ISSUE FEE** Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence includes the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed other approaches, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 11/22/2004 Certificate of Mailing or Transmission Expuso Jonathan P. Osha I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Rosenthal & Osha L.L.P. OSHA & MAY L. L.P. **Suite 2800** 1221 McKinney St. Houston, TX 77010 Smith (Signature) 02/10/2005 JBALINA2 00000120 10714284 Lisa Η. 01 FC:1501 1400.00 OP ATTORNEY DOCKET NO. CONFIRMATION NO. PEPELOCATION NO. FIRST NAMED INVENTOR FILING DATE 00 OF 10/714.284 11/14/2003 Takeshi Fujiwara 15115.099001 2047 TITLE OF INVENTION: FLOW SENSOR AND FLOW RATE MEASURING METHOD DATE DUE APPLN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE nonprovisional NO \$1370 \$300 \$1670 02/22/2005 **EXAMINER** ART UNIT CLASS-SUBCLASS THOMPSON, JEWEL VERGIE 2855 073-204260 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list OSHA & MAY L.L.P. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for

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| Authorized Signature #45,079   | Date 2/8/2005   |  |  |  |
| Typed or printed nameJonathan P. Osha  | Registration No. 33,986   |  |  |  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22311-1450. Alexandria, Virginia 22313-1450.

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U.S. Patent and Tradernark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Complete if Known Effective on 12/08/2004. 10/714,284-Conf. #2047 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number FEE TRANSMITTAL November 14, 2003 Filing Date Takeshi Fujiwara First Named Inventor For FY 2005 **Examiner Name** J. V. Thompson Applicant claims small entity status. See 37 CFR 1.27 2855 Art Unit **TOTAL AMOUNT OF PAYMENT** 15115/099001 1,712.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check x Credit Card Other (please identify): Money Order None x Deposit Account Osha & May L.L.P. 50-0591 Deposit Account Number: \_ Deposit Account Name:\_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 500 250 600 300 Reissue 150 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims Total Claims** Fee Paid (\$) Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Indep. Claims Extra Claims Fee Paid (\$) 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = \_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 1505 Publication fee for republication 300.00 8005 Patent Application Publication (PAP) 12.00 SUBMITTED BY Registration No. Signature 33.986 Telephone (713) 228-8600 #45,079 (Attorney/Agent) Date February 8, 2005

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|                                    | - Lies U                                 | Planit              | - <b>l</b> . )              |                  |
| Dated: February 8, 2005            | Signature:                               | Var JVV (LCL        | (Lisa H. Smith)             |                  |



Reply to Missing Parts/

Incomplete Application

Reply to Missing Parts under 37 CFR 1.52 or 1.53

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE fon Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/714,284-Conf. #2047 **TRANSMITTAL** Filing Date November 14, 2003 First Named Inventor **FORM** Takeshi Fujiwara Art Unit 2855 (to be used for all correspondence after initial filing) Examiner Name J. V. Thompson Attorney Docket Number 15115/099001 Total Number of Pages in This Submission ENCLOSURES (Check all that apply) After Allowance Communication x | Fee Transmittal Form Drawing(s) to TC Appeal Communication to Board of x Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please **Extension of Time Request** Terminal Disclaimer Identify below): Part B - Issue Fee Transmittal Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Certified Copy of Priority Landscape Table on CD Document(s)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name OSHA & MAY L.L.P. Signature

Remarks

Printed name Jonathan P. Osha Date Reg. No. 33,986 February 8, 2005

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